

**MEDICAL BOARD OF CALIFORNIA**

1434 Howe Avenue, Suite 92
 Sacramento, CA 95825-3236
 (916) 263-2389 FAX (916) 263-2387
www.mbc.ca.gov

**MEMBERS OF THE COMMITTEE**

Hedy Chang, Board Member
Richard Fantozzi, M.D., Board Member
Neal Cohen, M.D.
Daniel Giang, M.D.
James Nuovo, M.D.
Lawrence Opas, M.D.
Neil Parker, M.D.
Andrew Ries, M.D.
Lawrence Shuer, M.D.
Jeremiah Tilles, M.D.

**SPECIAL FACULTY PERMIT
REVIEW COMMITTEE****June 6, 2007**

Hawthorn Suites
 Sutter Room
 321 Bercut Drive
 Sacramento, CA 95814
 (916) 441-1200

*Action may be taken on any item
 listed on the agenda.*

AGENDA

10:00 a.m. – 1:00 p.m.

Members of the Board who are not members of the Committee may be attending the meeting as observers.

1. Call to Order/Roll Call
2. Bagley-Keene Open Meeting Act – Ms. Scuri
3. Election of Officers
4. Types of Documentation Needed to Determine “Academically Eminent” (Business and Profession Code §2168.1(a)(1)(A and B))
5. Proposed Application Form for Special Faculty Permit
6. Schedule of Future Meetings
7. Public Comment on Items not on the Agenda
8. Adjournment

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

NOTICE: *The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications in order to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Billie Baldo at (916) 263-2365 or sending a written request to Ms. Baldo at the Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825. Requests for further information should be directed to the same address and telephone number.*

Meetings of the Special Faculty Permit Review Committee are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Committee, but the Chair may apportion available time among those who wish to speak.

For additional information, contact the Licensing Program at (916) 263-2382.

ELECTION OF OFFICERS

There are no specific official positions that are required to be established for the Special Faculty Permit Review Committee; however, in the interest of being able to conduct an organized meeting it is suggested that a chair and vice-chair be selected to facilitate the order and business of the meetings.

Positions for Consideration

Chair

Vice-Chair



MEDICAL BOARD OF CALIFORNIA
 1426 Howe Avenue Suite 54
 Sacramento, CA 95825-3236
 TEL: (916) 263-2366 FAX: (916) 263-2487
www.mbc.ca.gov

Agenda Item #5

DRAFT



**REQUIREMENTS FOR REGISTRATION
 PURSUANT TO SECTION 2168.1 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE
 (Practice in a Sponsoring Medical School)**

You may not engage in the practice of medicine in California until a Special Faculty Permit has been granted by the Division of Licensing of the Medical Board of California pursuant to Section 2168 of the California Business and Professions Code. A Section 2168 permit is valid only at the institution sponsoring the applicant. The Medical Board must be notified of the exact starting date of employment and of all other changes in the applicant's employment status. Failure to comply fully with Section 2168 shall constitute grounds for revocation of the Special Faculty Permit. The sponsoring institution may also be liable and subject to citation pursuant to Title 16, California Code of Regulations, Section 1364.10.

Requirements To Apply for Special Faculty Permit under Section 2168.1:

- You must not be otherwise eligible for medical licensure in California.
- You must be licensed to practice medicine in another state, Canadian province, foreign country or other jurisdiction.
- License(s) must be in good standing.
- All of the application forms must be completed in full and signed by you and the Dean of the sponsoring medical school.
- (A) You must hold, or be offered, a full-time, tenure-track clinical faculty appointment at the full professor level (or its equivalent) by a California medical school approved by the Division of Licensing

OR

- (B) You must be clearly outstanding in a specific field of medicine or surgery and be offered by the dean of a medical school in this state, a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position.
- You must not be subject to denial under Section 480 of the California Business and Professions Code.
- You must not have held a position under Section 2113 of the California Business and Professions Code for a period of two years or more preceding the date of the application for a Special Faculty Permit. The Division may, in its discretion, waive this requirement.
- The completed and signed application must be accompanied by:
 - A detailed Curriculum Vitae noting all of your academic and professional career achievements
 - A statement from the Dean of the medical school at which you will be employed that includes the following: (a) certification that your qualifications and credentials have been evaluated; (b) a statement that the Dean has deemed you academically eminent and that you meet the criteria of Section 2168.1; (c) a listing of every affiliated institution in which you will be providing instruction as part of the medical school's education program and justification of any clinical activities at each of those institutions; and (d) a statement confirming that the permit holder will not be appointed to a position as a division chief or head of a department without express written authorization from the Division of Licensing
 - A copy of the signed employment contract between you and the institution
 - The initial application fees of \$505.00 (includes the application fee of \$442.00 and the fingerprint fees of \$63.00)
 - Page Two of the "Request for Live Scan Service" fingerprint forms or two completed fingerprint cards
 - A current Letter of Good Standing directly from the appropriate licensing agency for each medical license that you hold
 - A copy of your medical school diploma
 - Copies of all official documentation of abundant and strong evidence of your academic eminence, clinical skills, and your importance to the mission of the medical school
 - The initial license fee of \$805.00 may be submitted with the application or upon written notice that the application has been approved

Once Special Faculty Permit Has Been Approved by the Division of Licensing:

- You and your sponsoring medical school are responsible for ensuring that you maintain renewal of the Special Faculty Permit to ensure no break in your appointment under Section 2168.1 of the California Business and Professions Code.
- You may engage in the practice of medicine in accordance with the provisions of Section 2168 and strictly under the jurisdiction of the sponsoring medical school and its formally affiliated institutions; private practice is prohibited by this statute.



MEDICAL BOARD OF CALIFORNIA
1426 Howe Avenue Suite 54
Sacramento, CA 95825-3236
TEL: (916) 263-2366 FAX: (916) 263-2487
www.mbc.ca.gov



APPLICATION FOR SPECIAL FACULTY PERMIT PURSUANT TO SECTION 2168.1

Complete the entire application. All items in this application are mandatory. Failure to provide complete and accurate information will result in the application being rejected as incomplete. The information provided is used to determine your qualifications for appointment as a Section 2168 permit holder under the relevant statutes. This application may be disclosed pursuant to the California Public Records Act. Section 2000 et seq. of the Business and Professions Code authorizes the Board to collect the information requested on this application. **Failure to provide the mandatory information will result in denial of permit.** The Executive Officer of the Medical Board of California is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the Information Practices Act. Disclosure of your social security number (or Federal Employer Identification Number) (FEIN), if you are a partnership, is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number or your FEIN, your application for initial permit will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. **NOTE: FEIN DOES NOT APPLY TO AN INDIVIDUAL.** Please attach additional sheets if space is needed.

PERSONAL DATA

1. Name: (Last) (First) (Middle)			
2. Other names you have used (including maiden name):			3. U.S. Social Security Number
4. Public/Mailing Address			5. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
City	State/Province	Zip/Postal Code	Country
6. Telephone Number: Home: () Work: () Cell: () Pager: ()		7. Date of Birth (mo/day/yr): Place of Birth:	8. E-mail Address:

SPECIAL FACULTY PERMIT DATA

9. Have you ever served in a clinical faculty appointment in a California medical school pursuant to Section 2113? If yes, list sponsoring medical school and dates of service.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. A. (EMINENT) List the full-time, full professor tenure-track clinical faculty appointment on which this application is based. Include position title, rank, medical school, department and start date:				
<u>ACADEMIC TITLE:</u>		<u>RANK:</u>	<u>START DATE</u>	
<u>MEDICAL SCHOOL</u>		<u>DEPARTMENT</u>		
OR				
B. (OUTSTANDING AND NEED EXISTS) List the full-time, associate professor or professor clinical faculty academic appointment on which this application is based. Include position title, rank, medical school, department and start date.				
<u>ACADEMIC TITLE:</u>		<u>RANK:</u>	<u>START DATE:</u>	
<u>MEDICAL SCHOOL:</u>		<u>DEPARTMENT:</u>		

EDUCATION BACKGROUND

LIST EACH MEDICAL SCHOOL THAT YOU HAVE ATTENDED

School Name	Address	Dates of Attendance
School of Graduation	Degree Awarded	Date of Graduation

POSTGRADUATE TRAINING HISTORY

Facility Name	Specialty Area	Address	Dates of Attendance

LICENSING HISTORY

List all professional licenses that you have ever held in any U.S. state or territory, Canadian province, country or other jurisdiction.

Jurisdiction	License Number	Date of Issuance	Dates of Practice

EXAMINATION HISTORY

List all of the licensing examinations that you have taken:

Examination	Date	Result(Pass/Fail)

HISTORY OF MALPRACTICE

11. Has a claim or an action ever been filed against you for the practice of medicine which resulted in a malpractice settlement, judgment or arbitration award of \$30,000 or more?

YES ☐ NO ☐

Applicant Name

Date of Birth

DISCIPLINARY HISTORY

These questions refer to discipline by any U.S. military or public health service, state board, or other governmental agency of any U.S. state, territory, Canadian province, or country. If you answered "yes" to any of these questions, please provide a detailed explanation.

12. Have you ever been denied a license to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Is any denial pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, repeated negligent acts or malpractice by any medical licensing board, other agency, or hospital?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Have you ever had any license to practice medicine revoked, suspended, or placed on probation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Have you ever had any license to practice medicine subjected to any action including but not limited to informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Have you ever had any license to practice medicine subjected to any other disciplinary action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. Is any disciplinary action pending against any of your licenses to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Have you ever had staff privileges in a hospital terminated, denied, suspended, limited, revoked, or not renewed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. Have you ever resigned from a medical staff in lieu of disciplinary or administrative action?	YES <input type="checkbox"/> NO <input type="checkbox"/>
21. Is any disciplinary action pending against your hospital staff privileges?	YES <input type="checkbox"/> NO <input type="checkbox"/>
22. Have you ever surrendered a license to practice medicine?	YES <input type="checkbox"/> NO <input type="checkbox"/>
23. Have your DEA privileges ever been denied, suspended, restricted, or terminated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. Have you ever entered into any arrangement or plea or agreement in lieu of a federal prosecution for a drug violation regulated by the DEA?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant Name	Date of Birth
----------------	---------------

PRACTICE IMPAIRMENT OR LIMITATION

25. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
26. Have you ever been diagnosed with a mental disorder or impairment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
27. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice medicine safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>
28. Have you been treated for or had a recurrence of a diagnosed addictive disorder?	YES <input type="checkbox"/> NO <input type="checkbox"/>
29. Do you have any other condition which in any way impairs or limits your ability to practice medicine safely?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CRIMINAL RECORD HISTORY

<p>30. Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in any state in the United States or foreign country?</p> <p>This includes a citation, infraction, misdemeanor and/or felony, etc. If "YES" attach a list of each offense by arrest and conviction dates, violation, and court of jurisdiction (name and address). Matters in which you were diverted, deferred, pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. <u>This list is not all-inclusive.</u> If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction on the application.</p> <p>For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the court documents, and a descriptive explanation of the circumstances surrounding the conviction (i.e., dates and location of incident and all circumstances surrounding the incident). This letter must accompany the application. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
31. Is there any criminal action pending against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
32. Are you required to register as a Sex Offender?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Applicant Name	Date of Birth
----------------	---------------

SECTION 2168.1 SPECIAL FACULTY PERMIT---APPLICANT'S CERTIFICATION STATEMENT

2168 (a) *A special faculty permit authorizes the holder to practice medicine only within the medical school itself and any affiliated institution in which the permitholder is providing instruction as part of the medical school's educational program and for which the medical school has assumed direct responsibility. The holder of a special faculty permit shall not engage in the practice of medicine except as provided above.*

(b) *Time spent in a faculty position under a special faculty permit shall not be counted toward the postgraduate training required for licensure and shall not qualify the holder of the permit for waiver of any written examination required for licensure.*

(c) *The medical school shall not appoint the holder of a special faculty permit to a position as a division chief or head of a department without express written authorization from the division.*

2168.1 (a) *Any person who meets all of the following eligibility requirements may apply for a special faculty permit:*

(1) *Is academically eminent. For purposes of this article, "academically eminent" means the applicant meets either of the following criteria:*

(A) *He or she holds or has been offered a full-time appointment at the level of full professor in a tenure track position, or its equivalent, at a California medical school approved by the Division of Licensing.*

(B) *He or she is clearly outstanding in a specific field of medicine or surgery and has been offered by the dean of a medical school in this state, a full-time academic appointment at the level of full professor or associate professor, and a great need exists to fill that position.*

(2) *Possesses a current valid license to practice medicine issued by another state, country, or other jurisdiction.*

(3) *Is not subject to denial under Section 480 or any provision of this chapter.*

(4) *Pays the fee prescribed for application for, and initial licensure as, a physician and surgeon.*

(5) *Has not held a position under Section 2113 for a period of two years or more preceding the date of the application. The Division of Licensing may, in its discretion, waive this requirement.*

(b) *The Division of Licensing shall exercise its discretion in determining whether an applicant satisfies the requirements of paragraph (1) of subdivision (a).*

(c)(1) *The division shall establish a review committee comprised of two members of the division, one of whom shall be a physician and surgeon and one of whom shall be a public member, and one representative from each of the medical schools in California. The committee shall review and make recommendations to the division regarding the applicants applying pursuant to this section, including those applicants that a medical school proposes to appoint as a division chief or head of a department or as nontenure track faculty.*

(2) *The representative of the medical school offering the applicant an academic appointment shall not participate in any vote on the recommendation to the division for that applicant.*

2168.2 *An application for a special faculty permit shall be made on a form prescribed by the Division of Licensing and shall include any information that the Division of Licensing may prescribe to establish an applicant's eligibility for a permit. This information shall include, but is not limited to, the following:*

(a) *A statement from the dean of the medical school at which the applicant will be employed describing the applicant's qualifications and justifying the dean's determination that the applicant satisfies the requirements of paragraph (1) of subdivision (a) of Section 2168.1.*

(b) *A statement by the dean of the medical school listing every affiliated institution as part of the medical school's educational program and justifying any clinical activities at each of the institutions listed by the dean.*

**SECTION 2168.1 SPECIAL FACULTY PERMIT---APPLICANT'S CERTIFICATION STATEMENT
(continued)**

I understand that I am applying for a Special Faculty Permit pursuant to Section 2168.1 of the Business and Professions Code, and that if I am issued a Special Faculty Permit, my clinical practice will be restricted to the sponsoring medical school and any affiliated institutions in which I am providing instruction as part of the medical school's education program and for which the medical school has assumed direct responsibility and which are listed on the application.

I understand that the time in a faculty position under Section 2168.1 will not be counted toward the postgraduate training required for licensure and does not qualify me for waiver of any written examination required for licensure.

I understand that if I should apply for a full and unrestricted license to practice medicine in California, I will be required to meet all licensing requirements that are in effect at the time of such application.

I understand that a Special Faculty Permit becomes invalid if I resign from or am terminated from the qualifying faculty appointment upon which the permit was issued. The Dean of the medical school must notify the Board of any change in my employment status, such as retirement, resignation or termination in accordance with Title 16, California Code of Regulations, Section 1315.02.

I understand that the Special Faculty Permit is not valid in any institution other than the sponsoring medical school and I further understand the permit does not authorized the private practice of medicine.

Signature
of Applicant: _____ Date: _____

PHOTO AREA
PASTE A 2" x 3"
PHOTO HERE

PHOTO MUST BE RECENT
(WITHIN SIX MONTHS)
AND MUST BE OF YOUR
HEAD AND SHOULDER
AREAS ONLY.

SCANNED, ALTERED, OR
POLAROID PHOTOS ARE
NOT ACCEPTABLE

I hereby declare under penalty of perjury under the laws of the State of California, that the attached photograph was taken on or about (date) _____, my age then being _____ years; color of hair _____; color of eyes _____; height _____; weight _____; identification marks _____

 Signature of Applicant:

 Date:

The applicant, _____, _____ being first duly sworn upon
 (PLEASE PRINT FULL NAME) (DATE OF BIRTH)

his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine any medical competence, professional conduct, or physical or mental ability to safely engage in the practice of medicine. I further authorize the Medical Board of California or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO OR FAILURE TO DISCLOSE A CONVICTION IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A SPECIAL FACULTY PERMIT.

☐

(PLEASE INITIAL BOX)

Signature of Applicant: _____
 (Please sign full name)

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on

this _____ day of _____, 20_____

by _____

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

 SIGNATURE OF NOTARY PUBLIC

SECTION 2168.1 -----DEAN'S CERTIFICATION STATEMENT

(Applicant's Last Name)

(First Name)

(Middle Name)

(Qualifying Faculty Appointment)

(Anticipated Beginning Date of Appointment)

List All Affiliated Institutions at which applicant may practice medicine

I have reviewed the qualifications and credentials of the above-named applicant for employment in the above-listed faculty position, and I have determined that the applicant is academically eminent and that the faculty position complies with the requirements of Section 2168.1 of the California Business and Professions Code.

I understand the limitations in scope and practice of a Special Faculty Permit issued pursuant to Section 2168.1. If the applicant is granted a Special Faculty Permit pursuant to Section 2168.1, I will ensure that the applicant practices within the scope of the permit in this medical school. I will notify the Division of Licensing within 30 days of any change in the applicant's status that may invalidate the permit, such as retirement, death, resignation, termination or dismissal from the faculty position.

I certify under penalty of perjury under the laws of the State of California that the above statements are true and correct to the best of my knowledge.

(Date)

(Dean's Signature)

(Dean's Printed Name)

(California License Number)

(Medical School Seal Must Be Affixed Below)

(Medical School)

(Medical School Address)

(Telephone Number)



MEDICAL BOARD OF CALIFORNIA
1426 Howe Avenue Suite 54
Sacramento, CA 95825-3236
TEL: (916) 263-2366 FAX: (916) 263-2487
www.mbc.ca.gov

DRAFT**SECTION 2168.1 APPLICATION STAFF WORKSHEET****Applicant Name:** _____**Sponsoring School:** _____ **Title:** _____**Department:** _____ **Division:** _____**Graduating Medical School:** _____**Application Fees:** ☐**Fingerprint Fees:** ☐**Diploma:** ☐**Fingerprint Reports** **DOJ** ☐
FBI ☐**Application Forms:** ☐**Dean's Letter:** ☐**Postgraduate Training:** ☐**Board Certification/Eligibility** ☐**Visa or Citizenship Document:** ☐**Curriculum Vitae:** ☐**Employment Offer:** ☐**Recruitment Efforts:** ☐**Publications:** ☐**NPDB Report:** ☐**CAS:** ☐**Social Security Number:** ☐**School Requested: Eminence (A):** ☐**(B) Outstanding:** ☐
Need: ☐**Examinations:** _____**Medical Licenses:** _____**Letters of Good Standing:** _____**Date of Initial Review:** _____**Date of Approval to RC:** _____**Date of RC Review:** _____**Date of DOL Decision:** _____



MEDICAL BOARD OF CALIFORNIA
1426 Howe Avenue Suite 54
Sacramento, CA 95825-3236
TEL: (916) 263-2366 FAX: (916) 263-2487
www.mbc.ca.gov



DRAFT

SECTION 2168.1 APPLICANT CRITERIA

Applicant Name: _____

Curriculum Vitae

Postgraduate Training:

Internship: _____

Residency: _____

Fellowship: _____

Board Certification/Eligibility:

Specialty: _____

Countries: _____

Teaching Experience: _____

Clinical Practice: _____

Research: _____

Academic Appointments: _____

Publications:

Articles: _____

Abstracts: _____

Books: _____

Justification for Section 2168.1 (A) Eminence: _____

Justification for Section 2168.1 (B)

Outstanding: _____

Need: _____



MEDICAL BOARD OF CALIFORNIA
1426 Howe Avenue Suite 54
Sacramento, CA 95825-3236
TEL: (916) 263-2366 FAX: (916) 263-2487
www.mbc.ca.gov



DRAFT

SPECIAL FACULTY REVIEW COMMITTEE RECOMMENDATION

July 18, 2007

Sponsoring Medical School: _____

Department: _____

Division: _____

Academic Title: _____

Medical School Requested:

Section 2168.1 (A) Eminent: _____

Section 2168.1 (B) Outstanding: _____

Need: _____

Applicant Name: _____

Rationale: _____

RECOMMENDATION: _____



MEDICAL BOARD OF CALIFORNIA
1426 Howe Avenue Suite 54
Sacramento, CA 95825-3236
TEL: (916) 263-2366 FAX: (916) 263-2487
www.mbc.ca.gov



DRAFT

SPECIAL PROGRAM REVIEW COMMITTEE RECOMMENDATION

July 18, 2007

Sponsoring Medical School: _____

Department: _____

Division: _____

Academic Title: _____

Medical School Requested:

Section 2168.1 (A) Eminent: _____

Section 2168.1 (B) Outstanding: _____

Need: _____

Applicant Name: _____

Rationale: _____

RECOMMENDATION: _____

Chair, Review Committee: _____

Signature of Chair, Review Committee: _____

SCHEDULE OF FUTURE MEETINGS

It is expected that the Special Faculty Permit Review Committee (SFP) will meet four times per year. These meetings are expected to be held approximately thirty days prior to a regularly scheduled meeting of the Division of Licensing of the Medical Board of California.

Based upon the schedule of board meetings for the remainder of 2007, the following SFP meeting schedule is being proposed to members of the committee for discussion and adoption. This proposed schedule is subject to change in the future based on the needs of the Division of Licensing and the Medical Board of California.

**2007 MBC
Meeting Schedule**

July 26 and 27

November 1 and 2

**2007 SFRC
Meeting Schedule**

July 18 (Confirmed)

October 10, 11, 16, 17, 18